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ONTARIO PUBLIC SCHOOL BOARDS' ASSOCIATION

Submission to

The Advisory Committee on Children's Services

April, 1990

The Ontario Public School Boards' Association welcomes the opportunity to make a submission to the Advisory Committee on Children's Services. We only regret that the timelines established by the Committee preclude the development of a thoroughly researched paper. We are not in a position to provide a considered set of recommendations to address the "changing needs of vulnerable children" nor are we able to describe structures for the delivery of services. Instead we will focus on the nature of the concern for vulnerable children in the context of the school system and point to some promising directions for change.

The primary functions of the public school system are teaching and learning to develop within young people the knowledge, skills and attitudes that lead to a successful transition to adulthood. However, there is no longer any doubt about the correlation between family characteristics and school success or between the occurence of social, emotional and behavioral problems and academic achievements.

Needy children, poorly housed children, malnourished children, children with ineffective parenting, children of single parents, are more likely to perform poorly in school than other children and are at a higher risk of dropping-out. The pattern becomes cyclical. Those who do not complete high school are at greater risk for unsuccessful transition to adulthood than those who do complete high school. School drop-outs are more likely to remain or become poor, and more likely to experience chronic unemployment.

The relationship between socio-economic status and school success has been well documented for many years. While significant improvements have been achieved, there remains much to be done. We believe that the more recent studies documenting the size and scope of mental health problems among Ontario's children and their relationship to poor school performance make the redesign of the delivery of children's services an urgent priority.

The findings of <u>The Ontario Child Health Study</u> (D.M. Offord, M.D.) mirror the daily observations of teachers in our schools. Across Ontario, school boards are becoming increasingly concerned about vulnerable children, and are assessing the scope of the problem and seeking new policy and program directions to meet the needs of children and adolescents with social, emotional and behavioural problems.

OPSBA concurs with the Committee when it states its direction of prevention and early intervention. We concur with the emphasis of the vision statements on the importance of the family and on the changing nature of the family.

The Role of the Schools

Children are required by law to attend school between the ages of 6 and 16 years. The mandatory provision of junior kindergarten has been announced by the Government so that over the next five years we can expect that most four year olds will be in school. Growing concern for the well-being of young people who drop out before obtaining an Ontario Secondary School Diploma has led to renewed efforts to decrease the drop-out rate. Most children and adolescents are therefore likely to be in school. The school cannot and should not ignore the needs of vulnerable children. The schools have assumed an ever expanding responsibility to respond to the needs of all children. Needy children cannot be ignored. But the capacity of school systems to provide the services that would be helpful to children at risk for social, emotional or behavioral problems is sorely limited. We have neither the formal mandate nor the resources. We face, as do other sectors, the transfer of funding responsibilities from the provincial to the local level. At the same time, we are faced with a public response that appears to say that education costs are rising too rapidly.

The dilemma is that, if the needs of vulnerable children are not met, they are less likely to learn; if they do not learn well, the consequences for the individual and society can be severe.

We acknowledge that it is not only the education system that is competing for its share of insufficient resources. However, it is an all too familiar story that, as other sectors find their budgets curtailed or face the need to reallocate resources, it is often preventative or early intervention services that are cut or transferred to the school. The provision of public health housing services in schools is but one example. But our Member Boards can point to many examples of services in the field of children's mental health that are no longer available to children in school.

School Board Initiatives

We provide a partial list of school board initiatives that we believe are within the framework of prevention

programs for children at risk for social, emotional, and behavioural problems and school failure. The list includes programs which are preventative in that they support parents as well as children.

- Social work and psychological services
- Early identification programs
- School based childcare for the children of high school students
- Child-Parent resource centres
- Informal and formal parent education programs
- Citizenship and English as a second language programs for adults
- Adult literacy programs
- Breakfast and lunch programs
- Sex abuse prevention programs
- Cooperative programs in children's mental health with other agencies
- Suicide prevention programs
- Summer kindergartens
- After-four programs for elementary children
- Development of specified "trauma teams"

This list is not exhaustive, nor are the programs cited available in every community. The development of programs that go beyond the school boards' formal mandate require political will, collaboration with other agencies and the necessary resources. Many of the "now-educational" services are vulnerable when school space is needed for the expansion of school programs and insufficient capital funding is available. Others are particularly difficult to sustain because there is no public policy framework, no source of public funds and few agency partners. A good example is breakfast and lunch programs. In many cases these are only sustainable through the extraordinary efforts of school and school system staff, sometimes at their personal expense. School boards cannot finance the range of programs needed by Ontario's children.

New Directions

We observe that the incidence of troubled children is rising. School boards report increased concern on the part of teachers. There seems to be a significant rise in the occurence of anti-social behavior among children and teens. The reasons and contributing factors are complex and not easy to ameliorate, so that our focus must be on prevention and early intervention. This approach is not only more humane but it is more effective and in the longer term is cheaper, since the likelihood of dependance on social welfare, health care and even involvement with the criminal justice system is reduced. We believe that the development of a more effective preventative approach must parallel the improvement in the availability of treatment services for those most

troubled children, at least for the short term. Access to treatment services is totally inadequate so that many young people and their families receive no help until it is sometimes tragically too late.

We recommend that, as a first step, the mandates of Education, Community and Social Services and Health, as they relate to children's mental health, be more clearly defined at the policy level. This must include the definition and requirement for collaboration and integration of services at the community level. To be truly preventative, we suggest that new strategies must be comprehensive. Program funding should be directed to collaborative and integrative service models because they are more likely to be both cost effective and more efficacious. It is necessary to take steps to further break down the territorial behaviour that has limited the development of collaborative programs in the past.

The school system must be a key partner in the development of new service delivery models. If the focus is to be on prevention and early intervention, then it is clear that the only agency that has daily contact with children and youth is the school. We also believe, that especially in the early years, parents are more likely to have contact with their childrens' school than with any other agency. (We note that from the age of 1 to 4 years children and their parents may have little or no contact with any agency whose mandate is to support the parenting role.)

We are encouraged by the growing understanding of educators that the development of effective home-school links is critical to the success of many children. Exciting initiatives are underway in some jurisdictions, in which the school plays an active role in reaching out to parents who would otherwise have little home-school contact.

We believe that the best prevention programs are educational, easily accessible, and non-judgemental. They must be directed towards the enhancement of the skills of parents and children, and must support the role and responsibility of the parent. In other words they should support the development of healthy families rather than attempting to make up for deficiencies. The design of programs must take into account the complexity and stress of modern family life, including the high proportion of families where both parents or the single parent are in the labour force.

Conclusion

The Ontario Public School Boards' Association is encouraged by the direction and timeliness of the work of the Advisory Committee on Children's Services. We firmly believe

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that Ontario must move more quickly and effectively towards a collaborative, integrative, flexible and comprehensive strategy to meet the needs of vulnerable children and to decrease the vulnerability of children to emotional, social and mental problems.

The demographic trends in Ontario make likely a redirection of resources to meet a larger health and social service requirement of the elderly. However, unless we do now what is necessary to enable our children to grow into able and self-supporting adults, we will create a social service and health burden too great for us to bear. This would have far reaching consequences not only for Ontario's economic health but for its very social fabric.

OPSBA appreciates the opportunity to comment on these important matters and would be pleased to continue its participation in future policy development. Ontario's communities are not homogeneous. The design of services and service delivery models must take into account the ethno-cultural, linguistic, socio-economic and geographic diversity of our communities.